

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/01/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000021493

FACILITY NAME -> BRANDT-AIRFLEX CORP

MAILING ADDRESS -> 937 CONKLIN ST EAST FARMINGDALE, NY 11735

INSTALLATION ADDRESS -> 937 CONKLIN ST EAST FARMINGDALE, NY 11735

EPA Form 8700;12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: FOGELMAN, FRED
PRES
BRANDT-AIRFLEX CORP
937 CONKLIN ST
EAST FARMINGDALE, NY 11735

Calfee, Halter & Griswold

Columbus Office: Suite 1500 88 East Broad Street Columbus, Ohio 43215-3506 (614) 621-1500 Telecopier (614) 621-0010 Attorneys at Law
Suite 1800
800 Superior Avenue
Cleveland, Ohio 44114-2688
(216) 622-8200

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Writer's Direct Dial No. is (216) 622-8804

October 23, 1992

VIA FEDERAL EXPRESS

U.S. EPA - Region II
Permits Administration Branch
26 Federal Plaza
Room 505
New York, New York 10278

Re: Notification of Regulated Waste Activity: EPA Identification Numbers NJD980777684 and NJD980777692.

To whom it may concern:

Enclosed please find signed Notification of Regulated Waste Activity Forms for the indicated installations. Please proceed on as expedited a basis as is possible in processing these forms. My understanding is that they can be processed within 48 hours of receipt.

Attached to each form, please also find a <u>copy</u> of the signed form. Please acknowledge receipt of these documents by datestamping the copy and returning it to me in the enclosed self-addressed stamped envelope.

If you have any questions with respect to this matter, please do not hesitate to contact me. Thank you.

Very truly yours,

Gul &Bens

Karl S. Beus

KSB:cjg Enclosures

cc: James C. Vanderwist, Esq. Suzanne Y. Park, Esq.

441/20218AEA.390

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Notification of Regulated **Waste Activity**

Information requested here is required by law (Section 3010 of the Resource Conservation	ation of Regulated /aste Activity onmental Protection Agency	Date Received (For Official Use Only) . MAR 2 5 1996
I. Installation's EPA ID Number (Mark X' in the appropriate box)		
A. First Notification B. Subsequent Notification (Complete item C)	C. Installation's EPA ID	Number 211493.
IL Name of Installation (Include company and specific site name)		
BRANDT-AIRFLEX	CORP	
III. Location of Installation Requires Building Number	or Latitude and Longitude for	or processing.
Street		egans if to about
9 3 7 C O W K L / W - 5 T		
		THE RESERVE TO SERVE
City of Town	State Zip Code	
E FARMINGDALE		5
County Name		Achtron Grows A
SUFFOLK	PL + 01 - en partors A color all the end of	20 20 00 00
IV. Installation Mailing Address		
Street or P.O. Box		
SAME + 1		
City or Town	State Zip Code	· · · · · · · · · · · · · · · · · · ·
V. Installation Contact (Person to be contacted regarding waste at	建筑是这些人的。	
Name (Last)	(First)	
FOGELIMAN Job Title	F R E D	1 1 - 1 -
PRESIDEWT	51.16 - 71.5 12 - 11	2 3 4 1 1 .
VI. Installation Contact Address		
A. Contract Address Location Mailing Other B. Street or P.O. Box		
X		
City or Town	State Zip Code	
VII. Ownership		
A. Name of Installation's Legal Owner		1/12
FRED FOGELMAN		
Street, P.O. Box, of Route Number		Virtamico J. Villa
SAME		
City or Town	State Zip Code	
B. Land Type	C. Owner Type D. Change of Owner	(I)ale Chanced
Phone Number (Area Code and Number)	Indicator	(Date Changed) Month Day Year
- P	P Yes X No	. Lungula

From: Jack Hoyt, AWMD, RPA, Region 2, 290 Broadway, 22 F1.

New York, NY 10007-1866. Tel; (212) 637 4106

SS: 11 HA TS AAM 36 AGENCY RO II

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ID -	-or	OH	icia	Use	Only

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
1. Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Control	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine	
. Description of Hazardous Wastes (Use	additional sheets if necessary)		
(D001) (D002) (D003)	s; See 40 CFR Parts 261.20 - 261.24) Toxicity Characteristic (List specific EPA hazardous waste n	umber(s) for the Toxicity characteristic contaminant(
Listed Hazardous Wastes. (See 40 CFR 26	51.31 - 33; See instructions if you need to lis	t more than 12 waste codes.)	
7 8	9 10	5 6 11 12 12 12 12 12 12 12 12 12 12 12 12	
. Other Wastes. (State or other wastes requi	inng a handler to have an I.D. number, See	instructions.)	
1 2 X O O I I	3. 4	5 6	
Certification	2019年,1000年7月中央第二年第二年第二年第二年第二年第二年第二年第二年第二年第二年第二年第二年第二年第	Control Contro	
certify under penalty of law that this document and assure that qualified personnel properly gather and exhose persons directly responsible for gathering the in am aware that there are significant penalties for sul	aluate the information submitted. Based on my inqui	ry of the person or persons who manage the system.	
ignature ORTGYNAL	Name and Official Title (Type or print)	1 Date Signed 3/2/96	
I. Comments			
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	4	*	